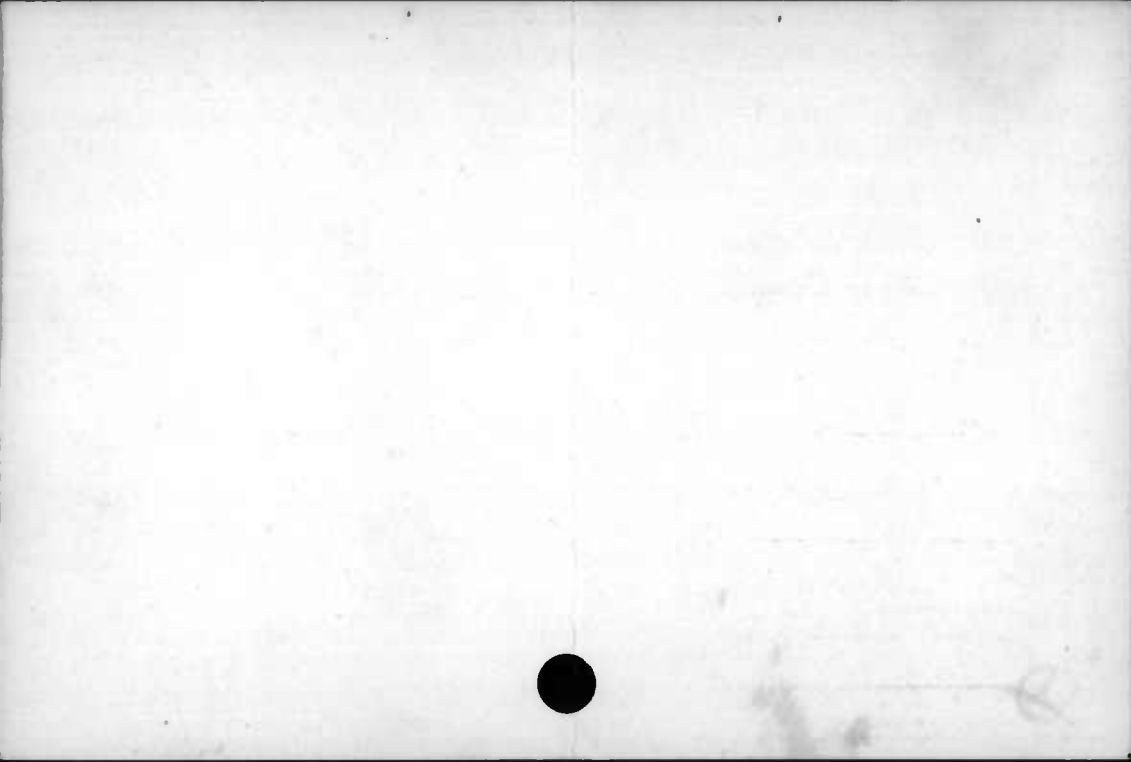


Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Great Mills</u> ^{Town}		<u>St Mary's</u> ^{County}		MARYLAND	
	Date of death <u>1904</u>	<u>Dec</u> ^{Month}	<u>5</u> ^{Day}	Age <u>24</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
	Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth place <u>St Mary's Co -</u>		
	Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Great Mills -</u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
	Father's Name <u>Benjamin Biscoe</u>	Father's Birthplace <u>St Mary's Co -</u>				
	Mother's Maiden Name <u>Margaret Millburn</u>	Mother's Birthplace <u>St Mary's Co -</u>				
Name of person giving information <u>Brother</u>		How related to deceased <u>Brother</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Hereditary</u>		How long <u>—</u>			
	Immediate <u>Tuberculosis</u>		How long <u>12 months</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Henry Richardson M.D.</u>			
			Address <u>Great Mills, St Mary's Co -</u> <u>Maryland -</u>			
	Accident or Suicide? <u>—</u>					

27



Name
in
Full

Mary Elizabeth Tennerson Drury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

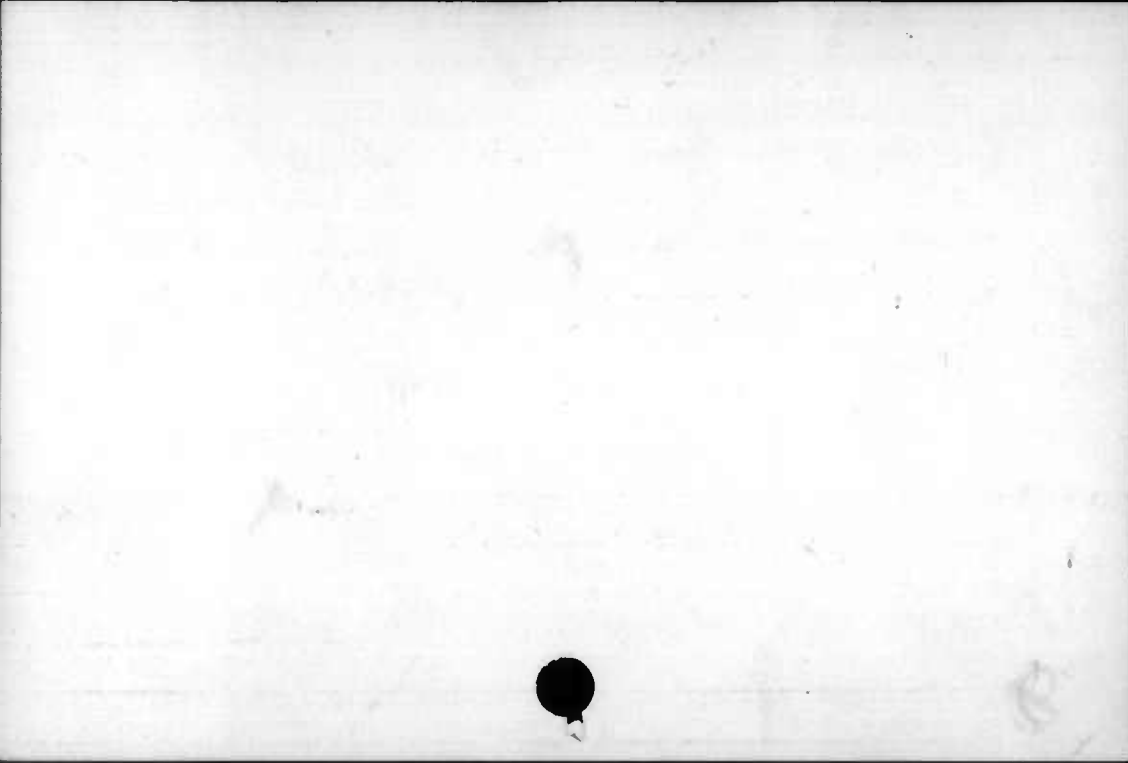
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Dec.	11	27			
Sex	Female		Color or Race	White		Birth-place	St. Marys
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband Daniel Maguire Drury				
Father's Name	Geo. H. Tennerson					Father's Birthplace	
Mother's Maiden Name	Mary Cornelia Lathrum					Mother's Birthplace	
Name of person giving information	A. J. Tennerson					How related to deceased	Brother

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary	Refraction	How long	
Immediate	Puerperal Convulsion	How long	20 minutes
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	H. F. Greenwell
		Address	Jamesstown
Accident or Suicide?			



Name
in
Full

Cecelious Duckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

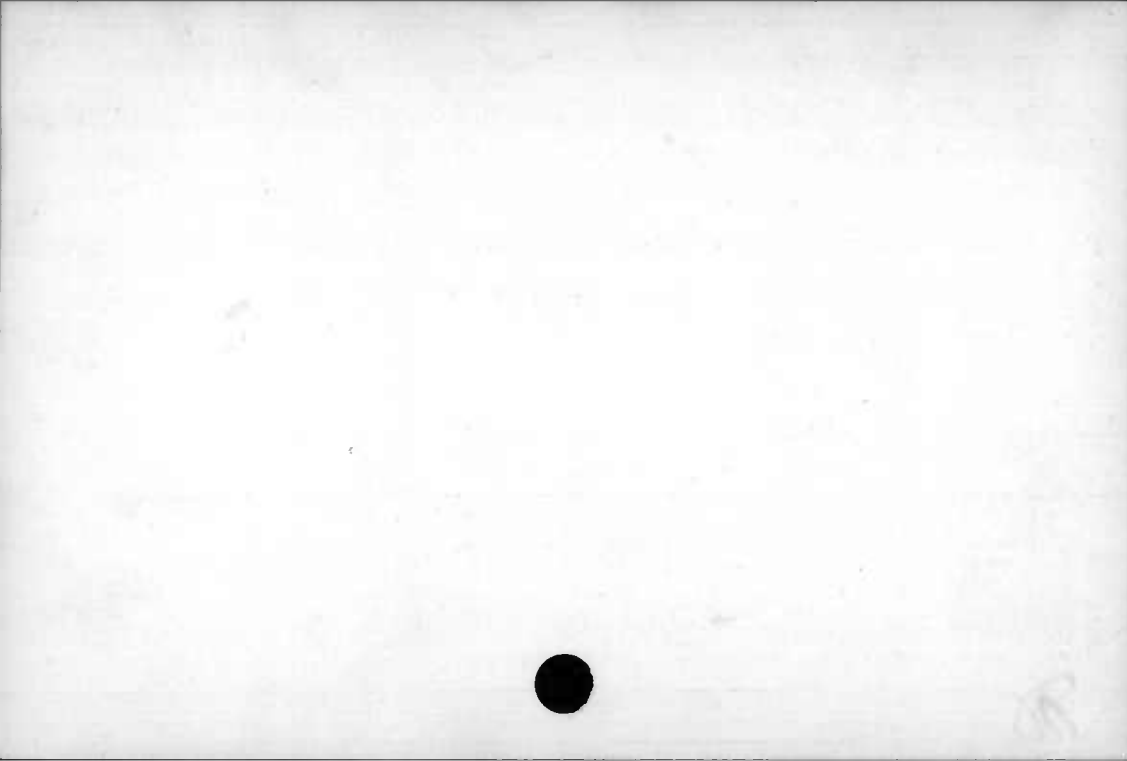
Died at		Town Crompton		County St. Marys		MARYLAND	
Date of death		1907	Month Dec	Day 16	Age 75	Years	Months Days
Sex Male		Color or Race White		Birth-place R. Geo. Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Mary Elizabeth Duckett					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information James B. Duckett				How related to deceased Son			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Arterial Sclerosis	How long	
Immediate	Apoplexy	How long	9 Days.
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. F. Grumwell	
		Address Tennantstown Md	
Accident or Suicide?			



Name
in
Full

Maud Gray

CERTIFICATE OF DEATH

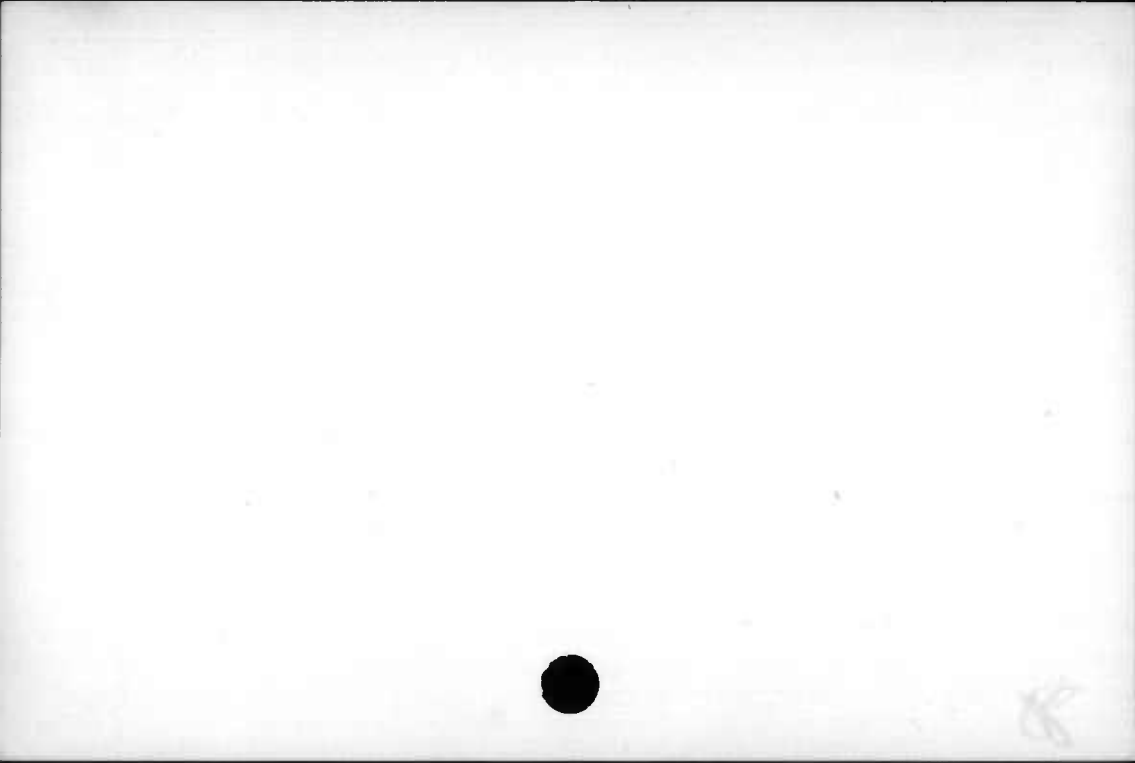
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Chaptice</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death	1907	Month	Dec.	Day	19th	Years	Age about 16
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Assisting in house keeping			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Kennie Gray					Father's Birthplace	Ind.
Mother's Maiden Name	Lucie Pilkerton					Mother's Birthplace	Ind
Name of person giving information	Kennie Gray					How related to deceased	Father

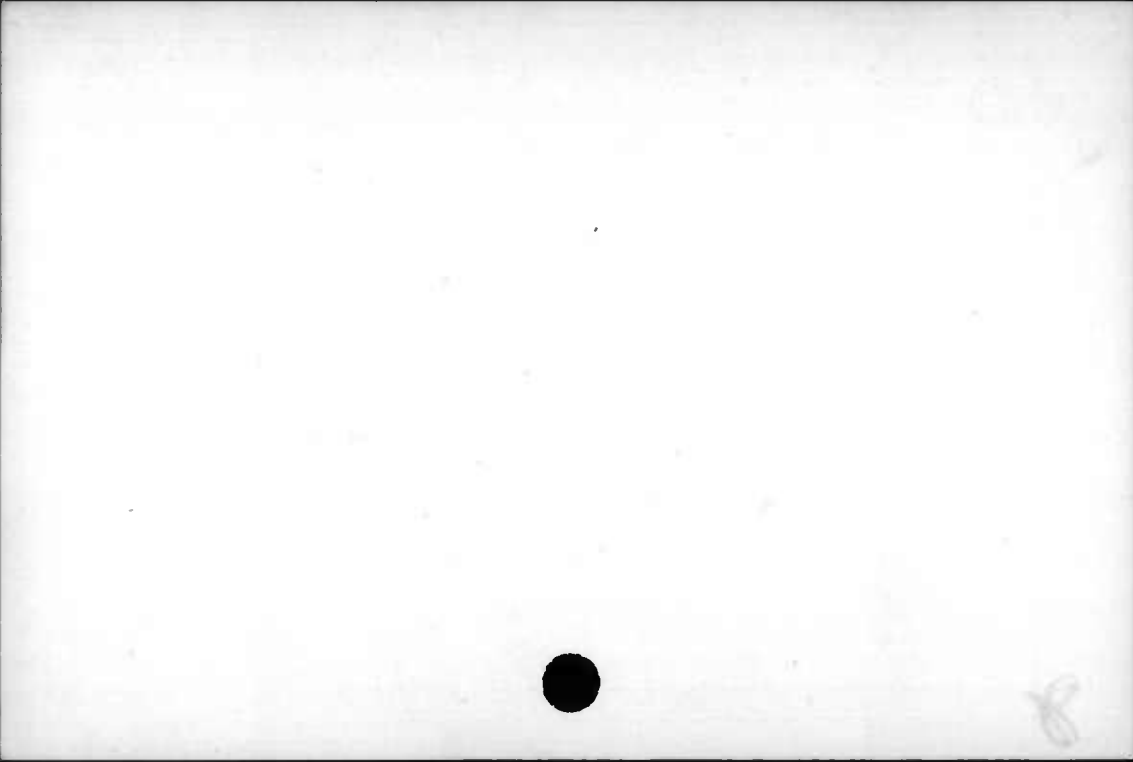
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Intestinal hemorrhage</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Chas. R. Morgan</i>
		Address	<i>Mechanicville, Ind</i>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mary I. Higgs</i>		Town <i>Mechanicsville</i>		County <i>St. Mary's</i>
	Date of death <i>1907</i>		Month <i>Dec.</i>	Day <i>23</i>	Years <i>71</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>
	Occupation <i>Housewife</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>H. E. Higgs</i>		
	Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>		
	Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>		
	Name of person giving information <i>Keeble Higgs</i>		How related to deceased <i>Son</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate <i>Paralysis</i>		How long <i>5 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jack R. Morgan</i>		
	Accident or Suicide?		Address <i>Mechanicsville, Ind.</i>		



Name
in
Full

CERTIFICATE OF DEATH

John F. Reed

Town

County

MARYLAND

Died at Mechanicsville

St. Mary's

Date

Month

Day

Years

Months

Days

of death 1907

Dec

22

Age about 60

Sex

Male

Color or
Race

Colored

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Spears

Father's
Name

James Spears

Father's
Birthplace

Md.

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

27

Primary

Phthisis Pulmonalis

How long

12 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Jack R. Morgan

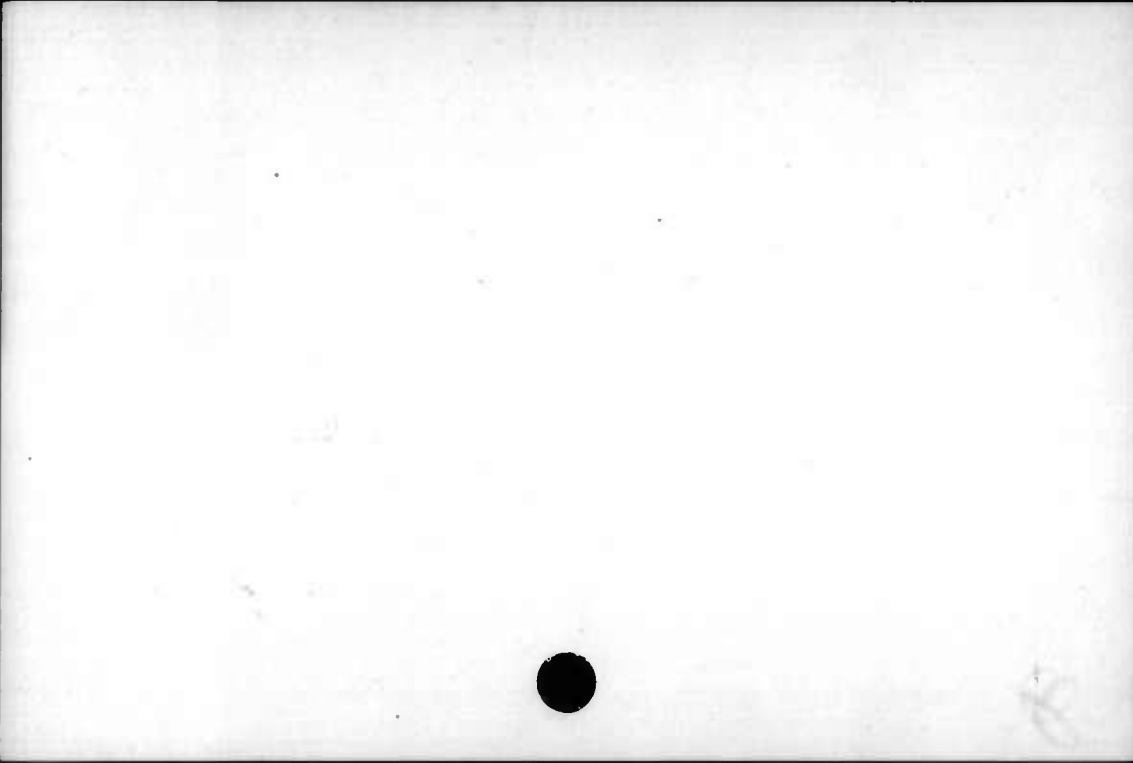
Address

Mechanicsville

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hamburg		St. Mary's		MARYLAND				
	Date of death		1907 Dec.		28		Age about		60		
	Sex		Male		Color or Race		Colored		Birthplace		
	Occupation		Farmer		Where Residing if not at place of death						
	Married, Single or Widowed		married		Name of Wife or Husband		Lucy Barnes				
	Father's Name		not known		Father's Birthplace		Maryland				
	Mother's Maiden Name		Lucia Barnes		Mother's Birthplace		Maryland				
	Name of person giving information		Troyer		How related to deceased		son				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">27</div>											
PHYSICIAN OR CORONER	Primary		Phthisis				How long		12 months		
	Immediate		Exhaustion				How long		—		
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Zach. R. Morgan		
	Address		Mechanicville, Md.								
<div style="display: flex; justify-content: space-between;"> <div> <div style="font-size: 2em; margin-bottom: 5px;">J</div> Accident or Suicide? </div> <div>LIBRARY BUREAU AB216</div> </div>											

